HUNTER COLLEGE OF HEALTH SCIENCES

Creating Leaders in Health and Medicine

Visit www.huntercollege.ac.ke

P.O. Box 333-60103-
Runyenjes, Embu.

huntercollegeofhealthsciences
@gmail.com

O743779995/0720621051

STUDENT COURSE REGISTRATION FORM

STUDENT INFORMATION

Attach Passport Size Photo 3.5 by 4.5cm

FULL NAME:……

DATE OF BIRTH:……

AGE:……

GENDER:……...

ADDRESS:……

Phone Number:……..

ACADEMIC INFORMATION

HIGH SCHOOL ATTENDED:……

YEAR OF COMPLETION:……

HIGH SCHOOL MEAN GRADE:……..

ANY OTHER QUALIFICATIONS:……

ATTACH COPIES OF ACADEMIC DOCUMENTS(CHECKLIST BOX).

(Kindly tick the documents you are submitting with this application)

(Note: *Only photocopies are required at this stage. Originals will be verified during admission.*)

1. KSCE Certificate/Result Slip. ☐
2. Leaving Certificate from Secondary School ☐
3. Birth Certificate ☐
4. Transcripts/Certificates from Previous Institutions(If any) ☐

Thank you for choosing Hunter College of Health Sciences.
We're honored to be part of your journey into the world of healthcare.
Your future starts here.

COURSE REGISTRATION

Course Applying For (Tick One):

☐ Kenya Registered Community Health Nursing (KRCHN) Diploma

(*Day scholar option available)*

☐ KRCHN Bridging Program

☐ Health Services Support / Caregiver Support

Intake

(Kindly tick when you would like to join us)

JANUARY: ☐

MAY: ☐

SEPTEMBER: ☐

YEAR:……

PARENT/GUARDIAN INFORMATION.

FULL NAME OF

PARENT/GUARDIAN:……

RELATIONSHIP TO APPLICANT:……

PHONE NUMBER:……..

ADDRESS:……

EMAIL ADDRESS(IF ANY):……

EMERGENCY CONTACT(IS YOUR PARENT/GUARDIAN YOUR EMERGENCY CONTACT**):** YES ☐ **NO**

☐

(IF NO)

EMERGENCY CONTACT

FULL NAME:……

Thank you for choosing Hunter College of Health Sciences.
We're honored to be part of your journey into the world of healthcare.
Your future starts here.

RELATIONSHIP TO STUDENT:……...

EMERGENCY CONTACT NUMBER:……..

EMAIL ADDRESS:……

ADRESS:…….

HOW DID YOU LEARN ABOUT OUR COLLEGE?

PLEASE SELECT HOW YOU LEARNT ABOUT OUR COLLEGE:

1. **COLLEGE WEBSITE:** ☐
2. **SOCIAL MEDIA:** ☐
3. **FRIEND/FAMILY RECOMMENDATION:** ☐
4. **COLLEAGUES:** ☐
5. **OTHER:** ☐

If "Other", Please specify:

DECLARATION

I……..hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature:……Date:……

Thank you for choosing Hunter College of Health Sciences.
We're honored to be part of your journey into the world of healthcare.
Your future starts here.

Thank you for choosing Hunter College of Health Sciences.
We're honored to be part of your journey into the world of healthcare.
Your future starts here.